

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 21 1955

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 777

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gardenville</u>		c. CITY OR TOWN <u>Gardenville</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Miller Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>o 9016 Mathilda Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>A.</u> c. (Last) <u>Newport</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 1955</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>Sept. 26, 1867</u>
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plaster</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Henry Newport</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Brinker</u>		15. NAME OF HUSBAND OR WIFE <u>Anna Newport</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		17. SOCIAL SECURITY NO. <u>none</u>	
18. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Virginia Luttrell</u>		19. ADDRESS <u>9016 Mathilda Ave.</u>	
10. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		<u>3 years</u>	
DUE TO (c) <u>Cerebral atherosclerosis</u>		<u>1 year</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		20. MAJOR FINDINGS OF OPERATION <u>4221</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
23. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		24. HOW DID INJURY OCCUR?	
25. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
27. I hereby certify that I attended the deceased from <u>Mar 2, 1953</u> , to <u>April 4, 1955</u> , that I last saw the deceased alive on <u>April 4, 1955</u> , and that death occurred at <u>11:20 P.M.</u> , from the causes and on the date stated above.			
28a. SIGNATURE <u>M. R. W. Luchini</u> (Degree or title) <u>M.D.</u>		29b. ADDRESS <u>8916 S. Main</u>	
29c. DATE SIGNED <u>4-5-55</u>		30. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
31. DATE <u>April 7, 1955</u>		32. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
33. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		34. DATE REC'D BY LOCAL REG. <u>4/5/55</u>	
35. REGISTRAR'S SIGNATURE <u>Robert R. Lombardi</u>		36. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Connelly</u>	
37. ADDRESS <u>3840 Lindell Blvd.</u>		38. (Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER ✓

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 451

P. O. Address 38407

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.